

**Abstract 187**

**TITLE:** CDC HIV Prevention Indicators: Monitoring HIV Prevention "Vital Signs"

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**PURPOSE:** To respond to requests from state/local health departments and HIV prevention community planning groups for a set of impact measures that are sufficiently sensitive and useful to managers and policy-makers in monitoring the overall status of HIV prevention in their jurisdictions.

**METHODS:** In 1996, CDC launched a consensus-driven, evidence-based approach to develop and field-test a set of HIV prevention indicators or "vital signs" that measured key biological, behavioral, access to treatment, and sociopolitical factors that could easily be derived from existing local, state, or national data sources. Indicators derived from data sources available to "most states" (i.e., n>26 states) were designated "core." Indicators derived from data sources sporadically or only locally available were defined as "supplemental." Following two expert consensus meetings, a comprehensive literature review, and further indicator refinement and specification, approximately 40 core indicators are being field tested in five health jurisdictions: San Francisco, Minnesota, Texas, Louisiana, and Massachusetts.

**RESULTS:** Thus far, the field-test has determined the availability, feasibility, interpretability and usefulness of each of the core indicators. Issues in data access, further measures of specification, trend analysis, and interpretation strategies were encountered and will be discussed. Results from each jurisdiction are being presented by each of the five field-test sites.

**DISCUSSION:** Overall the core set was useful in identifying important trends relevant to HIV program managers. Significant data gaps for men who have sex with men, injecting drug users, high-risk heterosexuals, and childbearing women were identified. These gaps should be addressed through improved public health data systems.

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